America's Blood Centers
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NEWSLETTER

A weekly chronicle of events and issues impacting the blood community

2026 #18 **June 15, 2026**

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Please Note: Thank you to all Blood Advocacy Week participants, partners, sponsors, and advocates. We will have more extensive coverage in the coming weeks.

Congressional Champions Honored During Blood Advocacy Week

America's Blood Centers (ABC) has recognized Rep. Tony Wied (R-Wis.) and Rep. Kim Schrier, MD (D-Wash.) as 2026 Congressional Champions. This distinction is a cornerstone of ABC's *Act for Blood Program*, which honors legislators who have demonstrated exceptional commitment to supporting the U.S. blood supply and advocating for community blood centers and blood donation. Both members of Congress played integral roles in the introduction of The BLOOD Centers Act. This bipartisan bill aims to, "help improve the quantity of our nation's blood supply and streamline the opening of new blood centers." ABC Chief Executive Officer Kate Fry, MBA, CAE stated in the news release, "ABC is proud to recognize Congressman Wied and Congresswoman Schrier, MD as our 2026 Congressional Champions. Their unwavering support for independent community blood centers and their dedication to ensuring a safe and strong blood supply exemplifies extraordinary leadership. We look forward to continuing our work with these members of Congress and building more champions to help address the challenges facing our blood supply and promote the importance of blood donation across the country."

Congressman Wied noted in the news release, "I am incredibly honored to be named one of ABC's 2026 Congressional Champions. At a time when our nation's blood supply has reached critical lows, we must do everything we can as elected officials to not only raise awareness but pass meaningful legislation to ensure blood remains available to every patient in need. I look forward to continuing to work with local and national blood centers to find new ways to strengthen and increase our nation's blood supply, and I will always remain a partner in that effort."

Congresswoman Schrier, MD added in the news release, "[a]s a doctor, I know how important donated blood products are to helping patients and saving lives. I am grateful for the work ABC, Bloodworks Northwest, and blood centers across the country are doing to keep Americans safe and healthy. I look forward to continuing to support their work in Congress to ensure centers are able to help patients and connect providers with blood products where they are needed, when they are needed."

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Congressional Champions Honored During Blood Advocacy Week (continued from page 1)

ABC continues to advocate for modernization of the licensure process as part of our 2026 ABC Advocacy Agenda highlighting how outdated regulations slow the opening of new sites and impose unnecessary delays when nothing substantive changes in safety or quality. We will continue to provide updates on the bill and our advocacy efforts as they become available.

(Source: ABC News Release, 6/11/26)

WHO Publishes Global Status Report on Blood Safety and Availability

The World Health Organization (WHO) has announced the publication of the "Global Status Report on Blood Safety and Availability 2025." The reported data, "included for analysis were primarily for 2023, as reported by 153 countries and revealed that, "[o]n average, 29.9 units of red cell products (including whole blood and red cells transfused) per 1,000 population were transfused in high-income countries (HICs), 22.5 in upper-middle-income countries, 8.7 in lower-middle-income countries and 4.1 in low-income countries. A median rate of 28.6 units of red cell products (including whole blood and red cells transfused) per 1,000 population (IQR: 22.2–32.7) was reported by HICs, whereas the transfusion rate was 17.7 units (IQR: 12.8–29.0) in upper-middle income countries, 7.7 units (IQR: 5.3–11.6) in lower-middle-income countries and 4.8 units (IQR: 3.6–5.9) in low-income countries." Additionally, the report found that, "[o]n average, 5.7 units (in units of the dosage equivalent to adult dosage/apheresis platelet) of platelets per 1,000 population were transfused in HICs, 2.8 in upper-middle-income countries, 0.4 in lower-middle-income countries and 0.07 in low-income countries. A median rate of 4.4 units of platelets transfused (in units of the dosage equivalent to adult dosage/apheresis platelet) per 1,000 population (IQR: 3.3–5.5) was reported by HICs, whereas the transfusion rate was 1.8 units (IQR: 0.7–2.7) in upper middle-income countries, 0.2 units (IQR: 0.05–0.4) in lower-middle-income countries and 0.03 units (IQR: 0.01–0.05) in low-income countries. Comparing the figures with the 2021 report shows some increased usage in high income and upper-middle-income countries."

The WHO report also explained that, "[a] total of 120 countries (Africa 29, Americas 14, South-East Asia six, Europe 34, Eastern Mediterranean 15, Western Pacific 22) reported data on the number of donations given by donors of different age groups. The global distribution of donations by age of donor was: <18 years (3 percent), 18–24 years (18 percent), 25–44 years (44 percent), 45–64 years (29 percent), 65+years (6 percent). It should be noted that the age group ranges are unequal in size, which means the contribution of the 18–24 group may be underestimated. Proportionally more young people donate blood in lower-middle-income countries than in HICs: 52 percent of blood donations were given by donors aged 24 years or younger in low-income countries, 30 percent in lower-middle-income countries, 21 percent in upper-

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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middle-income countries, and 16 percent in HICs. [Additionally, data] on deferral from blood donation were provided by 117 countries (33 high income, 37 upper middle income, 36 lower middle income, and 11 low income). The total deferral rates (the percentage of deferrals among all blood donor presentations) varied widely among countries, from less than 1 percent to over 58 percent. The median rate of total deferral was 13 percent."

The most common adverse reactions reported by countries were: "[o]ther serious adverse reaction (3,782) [which many nations indicated were mostly febrile non-hemolytic transfusion reactions], anaphylaxis and hypersensitivity (2,583 cases) and transfusion-associated circulatory overload (1,606 cases) were the three main causes of serious adverse reaction, accounting for 41 percent, 28 percent and 17 percent of the total cases of serious adverse reaction reported, respectively." The WHO noted that, "[o]nly 57 countries reporting hemovigilance data also provided the total number of blood components (including whole blood) transfused (16 countries), [allowing calculation] of incidence rates for individual countries or groups of countries. [Across these 57] countries, a total of 72,192,418 blood components were issued or transfused and 7,683 cases of serious adverse reactions were reported. Based on these figures, the overall incidence of serious adverse reactions relative to the total number of blood components (including whole blood, red blood cells, plasma, platelets, and cryoprecipitate) issued or transfused is estimated at 10.6 per 100,000 distributed blood components. The incidence of serious adverse reaction per 100,000 units of blood components transfused in the European Region, which reported both the largest number of cases and [the largest] denominator (components transfused or issued), was 13.5 per 100,000 units of distributed blood components. The incidence rates in the African Region, the Region of the Americas, the South-East Asia Region, the Eastern Mediterranean Region, and the Western Pacific Region were 18.7, 34.8, 2.8, 10.2 and 10.3 per 100,000 units of distributed blood components, respectively."

(Source: WHO Report, 6/12/26)

NEJM Explores Hospital Policy of Tranexamic Acid to Reduce Transfusion

Authors of a paper published in *The New England Journal of Medicine* described the results of the Tranexamic Acid to Reduce Transfusion in Major Noncardiac Surgery (TRACTION) trial. The study aimed to, "determine whether a hospital policy of tranexamic acid administration in patients undergoing major noncardiac surgeries would reduce the incidence of red-cell transfusion without a clinically important increase in the incidence of venous thromboembolism." The multicenter, randomized placebo-controlled trial included patients from 10 hospitals with participating sites, "randomly assigned in a 1:1 ratio at four-week intervals to provide either tranexamic acid or matching placebo (0.9 percent sodium chloride) to patients undergoing surgery who were at high risk for transfusion. [Tranexamic acid] was administered as a 1-g bolus (2-g bolus for patients with a weight of >100 kg) intravenously at the start of surgery, followed by 1 additional gram before skin closure, with the timing of the additional dose at the discretion of the anesthesiologist."

The researchers' primary effectiveness hypothesis explored, "whether tranexamic acid reduced the percentage of patients who received a red-cell transfusion during the index hospitalization. The safety hypothesis tested whether tranexamic acid was noninferior to placebo with respect to venous thromboembolism within 90 days, with the use of a noninferiority margin defined as an upper boundary of 1.46 for the 95 percent confidence interval of the relative risk, equal to a 1-percentage-point difference in 90-day venous thromboembolism under the assumption of a baseline incidence of 2.2 percent. Effectiveness and safety were jointly assessed because both coprimary outcomes were required to be satisfied to declare a hospital policy of tranexamic acid to be beneficial, so no adjustment for multiplicity was required." The trial included 8,180 patients. The authors found that, "[t]he percentage of patients who received a red-cell transfusion during hospitalization was 7.4 percent (306 of 4,156) in the tranexamic acid group and 9.8 percent (403 of 4,117)

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NEJM Explores Hospital Policy of Tranexamic Acid to Reduce Transfusion (continued from page 3)

in the placebo group (relative risk, 0.73; 95 percent confidence interval [CI], 0.61 to 0.86; adjusted difference, −2.7 percentage points; 95 percent CI, −4.2 to −1.4; number needed to treat, 37 patients). [Additionally, the] percentage of patients who received a diagnosis of thromboembolism within 90 days was 2.1 percent (86 of 4,128) in the tranexamic acid group and 2.1 percent (85 of 4,052) in the placebo group (relative risk, 0.96; 95 percent CI, 0.65 to 1.38; adjusted difference, −0.1 percentage points; 95 percent CI, −0.9 to 0.7), which met the prespecified criterion for noninferiority in the per-protocol population. In the intention-to-treat population, the percentage of patients who received a diagnosis of venous thromboembolism within 90 days was 2.1 percent (86 of 4,156) in the tranexamic acid group and 2.2 percent (90 of 4,117) in the placebo group (relative risk, 0.92; 95 percent CI, 0.62 to 1.30)."

Secondary outcomes reported in the paper were, "[p]atients in the tranexamic acid group received a mean (±SD) of 24.7±3.6 red-cell units, as compared with 34.2±2.6 red-cell units in patients in the placebo group (mean difference, −9.5 units; 95 percent CI, −19.2 to −0.2). When analyzed at a cluster level, the mean number of red-cell units transfused per 100 patients was 23.5±27.2 units in the tranexamic acid group and 39.6±80.6 units in the placebo group (mean difference, −16.2 units; 95 percent CI, −33.5 to 1.1) Among patients who received tranexamic acid as compared with those who received placebo, the incidence of in-hospital myocardial infarction, stroke, deep-vein thrombosis, pulmonary embolism, intensive care unit admission, hospital survival, and 90-day survival appeared to be similar. Prespecified serious adverse events (perioperative seizure and anaphylaxis) occurred in two patients, including perioperative seizure in one patient in the tranexamic acid group and perioperative anaphylaxis in one patient in the placebo group."

The researchers concluded that, "[o]ur results align with and extend previous evidence supporting antifibrinolytic therapy in surgery. [Previous large trials] showed that tranexamic acid reduces bleeding and the incidence of transfusion across trauma, obstetric, and cardiac populations. [In this] trial, implementation of a hospital policy of tranexamic acid administration in patients undergoing major noncardiac surgeries resulted in a lower incidence of red-cell transfusion than placebo administration and was noninferior to placebo with regard to the incidence of venous thromboembolism. These findings support the use of tranexamic acid for hemostatic management in major noncardiac operations and illustrate the value of pragmatic, registry-based trials in evaluating widely available, low-cost interventions."

Limitations of the study acknowledged by the researchers included, "participation was restricted to hospitals capable of linking clinical and administrative datasets; analyses relied on multisource data linkage; a small proportion of out-of-province patients could not be matched, although exclusion was balanced between the two groups; and although ascertainment of venous thromboembolism used validated diagnostic codes supplemented by imaging data, subclinical events may have been missed." Authors of an accompanying editorial noted that, "[e]very year, many millions of surgical patients worldwide are unnecessarily exposed to a higher-than-necessary risk of blood transfusion because they do not receive a single dose of tranexamic acid just before the surgery. This failing is due not to a lack of high-quality scientific evidence on the overall safety, efficacy, or cost-effectiveness of tranexamic acid but to poor implementation into clinical practice and lingering concerns regarding whether previous studies had ruled out the risk of thrombosis with sufficient confidence. [The] concern about thrombosis is one of the main barriers to the use of tranexamic acid and is the reason that the data from the TRACTION (Tranexamic Acid to Reduce Transfusion in Major Noncardiac Surgery) trial now reported [are] so welcome. [This further] evidence of the safety and effectiveness of tranexamic acid in surgery should encourage its more widespread use. It may also stimulate consideration of following the lead of the United Kingdom in extending the use of tranexamic acid to surgeries even with a low likelihood of major blood loss or red-cell transfusion. [Effective strategies] to increase the use of tranexamic acid in surgery in low- and middle-income countries, where blood stocks are lower and transfusion risks are higher, are urgently needed. The strong evidence that tranexamic acid improves surgical safety supports its inclusion in the World Health Organization Safe Surgical Checklist.

Citation: Houston, B.L., McIsaac, D.I., Breau, R.H., *et al.* "Hospital Policy of Tranexamic Acid to Reduce Transfusion in Major Noncardiac Surgery." *The New England Journal of Medicine*. 2026

WORD IN WASHINGTON

The U.S. Food and Drug Administration's (FDA) Center for Biologics Evaluation and Research (CBER) Office of Blood Research and Review (OBRR) has published a recording and slides from the May 12th public webinar titled "FDA Review of Biologics License Applications for Blood and Source Plasma." This event was, "intended to provide blood establishments and other stakeholders with an overview of OBRR's approach to the review of biologics license applications (BLAs) for the manufacture of blood and blood components, including Source Plasma." The objectives of the webinar include:

- "[e]xplain the process for submission and review of BLAs for blood and blood components, including Source Plasma;
- [d]escribe FDA regulatory requirements for the manufacture of blood and blood components;
- [d]escribe OBRR's pre-license and pre-approval inspection process and common citations; [and]
- [a]ddress commonly asked questions from blood establishments and other stakeholders."

America's Blood Centers (ABC) previously requested that FDA hold such an event to address challenges raised by ABC members.

(Source: FDA Announcement, 6/10/26)



John H. Powers III, MD has been named acting director of the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID). Dr. Powers most recently served as, "principal senior advisor to the director of NIAID and director of Collaborative Research with Leidos Biomedical Research in support of the Office of the Director at NIAID. In this role, he advised senior leadership on strategic initiatives in infectious diseases research, clinical trials, antimicrobial resistance, and the development and evaluation of medical interventions to improve health outcomes. Dr. Powers is an attending physician in infectious diseases at the NIH Clinical Center and holds academic appointments as professor of Clinical Medicine at The George Washington University School of Medicine and adjunct professor at the University of Maryland School of Pharmacy.[Earlier in his career,] he served at the U.S. Food and Drug Administration (FDA) as the lead medical officer for antimicrobial drug development and resistance initiatives. At FDA he contributed to national regulatory policy and helped develop modern approaches to clinical trial design and evidence standards for antimicrobial therapies and other medical interventions to diagnose, prevent and treat infectious diseases."

(Source: NIH Announcement, 6/9/26) ♦

PEOPLE



Jorge Di Paola, MD has been named executive vice president and chief scientific officer of Versiti. According to a Versiti news release, Dr. Di Paola will, "direct the globally recognized Versiti Blood Research Institute (VBRI), lead as a member of Versiti's executive team, and serve as both associate dean of Research and professor of Pediatrics at Medical College of Wisconsin.," effective October 1st. He currently serves as, "professor of pediatrics and molecular genetics and genomics at Washington University School of Medicine in St. Louis, where he is division chief of pediatric hematology and oncology and holder of the Elizabeth Finney McDonnell Endowed Chair in Pediatric Hematology Oncology. His research has helped advance understanding of inherited bleeding disorders, platelet biology, genomics, and blood diseases, and he has authored more than 200 scientific publications. A longtime collaborator with Versiti

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investigators, Dr. Di Paola has worked alongside VBRI researchers for more than two decades, including scientific collaborations connected to the landmark NIH-funded Zimmerman Program focused on von Willebrand disease and blood disorders research. Since 2018, he has served as an adjunct investigator at VBRI. [Dr. Di Paola's] scientific and leadership accomplishments span research, clinical medicine, mentorship, and national scientific leadership. He currently serves as deputy editor of *Blood*, one of the field's leading peer-reviewed journals, and previously served as president of the American Society of Pediatric Hematology/Oncology. He also has held leadership roles with the International Society on Thrombosis and Hemostasis, as well as on multiple National Institutes of Health programs and study sections."

(Source: Versiti News Release, 6/8/26)



LifeSouth Community Blood Centers recently announced that **Lori Masingil** is now, "serving as the organization's chief quality and technology officer (CQTO)," according to a blood center news release. "Ms. Masingil has been with LifeSouth since 1995 holding multiple leadership positions with the organization and served as LifeSouth's Vice President of Quality since 2017 including oversight of LifeSouth's software development team. She will continue to lead LifeSouth's quality, regulatory, and compliance functions alongside the software systems that support them, quality management, change control and learning management. As CQTO, Ms. Masingil will continue providing strong leadership in support of LifeSouth's strategic growth and the mission that donors, patients and communities depend on every day."

(Source: LifeSouth Community Blood Centers Announcement, 6/13/26)

INFECTIOUS DISEASES UPDATE

EBOLA

On June 13th, the World Health Organization (WHO) updated the status of the Ebola disease outbreak in the Democratic Republic of the Congo (DRC). As of June 10th, "676 confirmed cases, including 136 deaths, have been reported from the DRC. As of June 11th, Uganda has reported 19 confirmed cases including two deaths, as well as one probable case who has died." The WHO communication also noted that, "[i]n Uganda, the outbreak remains epidemiologically linked to transmission originating in the DRC, with evidence of both imported infections and secondary transmission among contacts and healthcare workers. Uganda has not reported any new cases in the past six days." Last month, the WHO declared the Ebola disease outbreak in the DRC and Uganda caused by Bundibugyo virus a, "public health emergency of international concern (PHEIC), but [noted that it] does not meet the criteria of pandemic emergency, as defined in the International Health Regulations (2005) (IHR)." The U.S. Centers for Disease Control and Prevention (CDC) published an update on June 14th update stating that the U.S. "is responding to an outbreak of Ebola disease in remote areas of the (DRC and Uganda.) To date, no cases of Ebola disease have been confirmed in the United States because of this outbreak. The overall risk to the American public and travelers remains low." On May 18th, the CDC announced that it had, "enhanced travel screening, entry restrictions, and public health measures to prevent Ebola virus disease from entering the United States amid ongoing outbreaks in East and Central Africa." The CDC has not classified the affected region as having "widespread transmission of Ebola virus," which would trigger donor interventions in the U.S. The U.S. Food and Drug Administration (FDA) guidance requires that, "in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history questionnaire (DHQ), including your

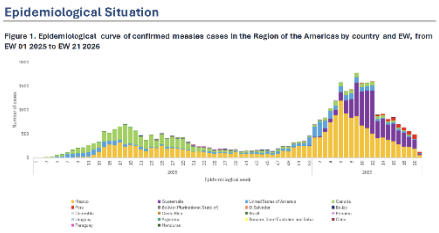
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full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2)."

(Source: WHO Update, 6/13/26; CDC Update, 6/14/26)

MEASLES



The WHO and the Pan American Health Organization (PAHO) have published a situation report regarding measles in the Americas. According to the organizations, "[b]etween epidemiological week (EW) 1 and EW 21 of 2026 (ending on May 30th, 2026), the Region of the Americas reported 21,431 confirmed measles cases from 17 countries and territories, including 31 deaths, representing a 234 percent increase compared to the same period in 2025. Mexico (11,184), Guatemala (6,655), the United States (1,983), and Canada (1,042) accounted for the majority (97 percent) of confirmed cases. During EW 19 and EW 20 of 2026, the Region of the Americas reported 1,040 new confirmed measles cases across nine countries and territories, representing a 16.2 percent decrease compared with the previous two-week period (EW17-18; 1,343 new cases). This decline was driven primarily by sustained reductions in the United States and continued decreases in Canada and Mexico." Transfusion-transmission of measles has never been demonstrated, and any risk to the blood supply is believed to be theoretical.

(Source: WHO and PAHO Situation Report, 6/5/26)

GLOBAL NEWS

The World Health Organization (WHO) recently announced that the agency is, "undertaking an updated review of Wolbachia population replacement and remains committed to providing Member States with evidence-based guidance on its use. This work will include a new systematic review incorporating the full body of evidence on the epidemiological impact of Wolbachia population replacement, including studies published since the original evidence assessment. The systematic review will also address the population suppression approach, which may also be achieved using Wolbachia, and will synthesize and assess evidence on contextual factors relevant to country decision-making, consistent with WHO guideline development processes. Alongside this, WHO is developing an operational manual for the population replacement approach, to guide country preparation and implementation of the intervention, as appropriate. The updated body of evidence will be considered by WHO's new integrated vector control Guideline Development Group (GDG), which is expected to convene in the first quarter of 2027. Following evidence appraisal, recommendation formulation, and the completion of WHO's established review and approval processes, publication of recommendations, as appropriate, is anticipated in late 2027. [Wolbachia] is a naturally occurring intracellular bacterium that can be introduced into *Aedes* mosquito populations, with the aim of reducing the mosquitoes' ability to transmit viral infections such as dengue virus. In 2020, the WHO Vector Control Advisory Group (VCAG) reviewed evidence from field trials on the population replacement approach, conducted in multiple countries, and concluded that the intervention had demonstrated epidemiological impact. VCAG subsequently advised WHO to initiate the guideline-development process to inform future recommendations."

(Source: WHO Announcement, 6/11/26)

INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their staffs only, unless otherwise specified.

Register for the AI for Blood Centers Webinar

The ABC Educational Webinar Committee will host a June 16th webinar titled "Artificial Intelligence (AI) for Blood Centers." Hear your peers share real-world experiences and insights on how AI is being deployed and implemented at their blood centers. Speakers include:

- Chris Ebert (SunCoast Blood Centers);
- Evan Arias Johnson (SunCoast Blood Centers);
- Andrea Sign (Carter BloodCare); [and]
- Niveditha Rameshbabu (Stanford Blood Center).

ABC members can contact us with questions or to receive a link to registration.

ADRP Trends in Donor Relations Study Results Are Available

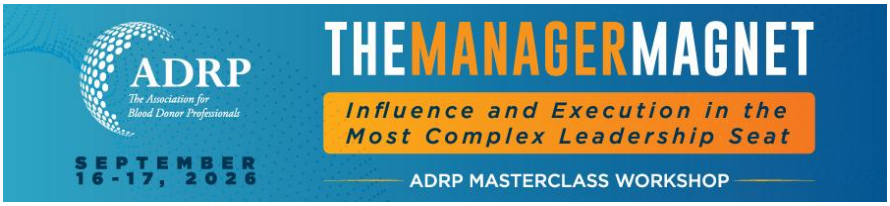
Participants can now access the results of the *ADRP Trends in Donor Relations Study*. This survey is a strategic tool for blood centers to use in evaluating the performance of collection and recruitment operations and marketing strategies in comparison to your domestic and international colleagues. A key feature of the reporting platform is the ability to view how your operations compare to others using a variety of dynamic filters, including blood center location, collection levels, and employee count. Only centers that participated in the survey will have access to this information. Blood centers that did not participate can purchase the survey report for $599. Please contact us with any questions.

MEMBER NEWS



Bloodworks Northwest recently announced the opening of its, "15th donor center and second location in Pierce County, joining the Bloodworks Puyallup Donor Center." According to a news release, the donor center celebrated its official grand opening on June 9th. "Opening our 15th donor center in Tacoma expands access to both blood and platelet donation for residents throughout Pierce County," said Bloodwork Northwest Chief Executive Officer Curt Bailey, MBA in the news release. "As the only location in Tacoma where donors can give platelets, this center will play a critical role in helping ensure local patients receive the lifesaving transfusions they need." Bloodworks Northwest anticipates that the, "new Tacoma Donor Center is expected to add over 2,700 donations of blood and platelets to the community supply in its first year," noted the news release.

(Source: Bloodworks Northwest News Release, 5/27/26)



ADVANCED THERAPIES NEWS

Title21 Health Solutions is acquiring, "cResults, a recognized leader in efficiency management, resource planning, and scheduling solutions for quality operations in life sciences." A company news released noted that, [i]ntegrating cResults' Smart-QX capabilities into [Title21 Health Solutions'] portfolio, which includes Quality Management Systems, cell and gene therapy orchestration platforms, and advanced analytics, further positions Title21 as a single-source provider for the full lifecycle of quality operations, from manufacturing to compliance, across cellular therapy, pharmaceutical, biotech, and life sciences sectors."

(Source: Title21 Health Solutions News Release, 6/2/26)

Vertex Pharmaceuticals Inc. has released additional data, "demonstrating the clinical benefits of CASGEVY® (exagamglogene autotemcel) in people ages 5 years and older living with severe sickle cell disease (SCD) or transfusion-dependent beta thalassemia (TDT). The results, from pivotal studies in children ages 5–11, show that the efficacy and safety outcomes in this age group are consistent with the transformative profile established in adult and adolescent patients." Data from the interim analysis of, "the CLIMB-151 and CLIMB-141 studies highlight the transformative potential CASGEVY can provide to children ages 5–11 and are consistent with the durable clinical profile established in adult and adolescent patients. Collectively, these findings highlight the potential benefits of addressing vaso-occlusive crises (VOCs) and transfusion burden earlier in life, which can begin in childhood and are associated with cumulative, long-term complications in SCD and TDT including organ damage. In the phase III CLIMB-151 clinical study of children with severe SCD, all 11 patients dosed are free from VOCs and all 8 out of 8 (100 percent) patients with sufficient follow-up achieved the primary endpoint of being free from VOCs for at least 12 consecutive months (VF12). Of children achieving VF12, the mean (min, max) duration VOC-free was 19.0 (13.2, 30.1) months. In the Phase III CLIMB-141 clinical study of children with TDT, 15 patients have been dosed with CASGEVY, and all 8 out of 8 (100 percent) patients with sufficient follow-up achieved the primary endpoint of transfusion independence for at least 12 consecutive months while maintaining a weighted average hemoglobin of at least 9 g/dL (TI12). All children who achieved TI12 remained so throughout the follow-up; the mean (min, max) duration transfusion independence was 23.4 (13.3, 28.5) months. The safety profile of CASGEVY in younger patients is consistent with myeloablative conditioning and autologous transplant, as established in clinical studies in older patients with SCD and TDT. As previously disclosed, there was one death, not related to CASGEVY, in a child with TDT who developed severe veno-occlusive disease from busulfan conditioning. Consistent with studies in older patients, children with severe SCD and TDT treated with CASGEVY have durable and clinically relevant increases in fetal hemoglobin (HbF) and stable allelic editing. CASGEVY is currently approved for eligible people 12 years and older with SCD with recurrent VOCs or TDT in several countries around the world. In the United States the regulatory review is underway with the FDA to expand the use of CASGEVY to younger children after Vertex was awarded the Commissioner's National Priority Voucher. Vertex has also recently completed regulatory submissions in the Kingdom of Saudi Arabia and United Kingdom to expand the use of CASGEVY to younger children. [The use] of CASGEVY in children ages 5–11 years is investigational.

(Source: Vertex Pharmaceuticals Inc. News Release, 6/11/26) ♦

COMPANY NEWS

Vitrafy Life Sciences, Inc. and **Vitalant Innovation Center** have announced a partnership for, "testing services as Vitrafy seeks to advance, approve, and deploy its next-generation cryopreservation ecosystem." A news release explained that the collaboration aims to, "addres[s] a pivotal industry transition: as glycerol-based frozen red blood cell (RBC) technology reaches the expected end of its operational life, the U.S. blood community requires a successor to preserve and build upon decades of established capability. [Under]

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the partnership agreement, Vitrafy and Vitalant Innovation Center will execute a phased program covering planning, technology integration, and evaluation of frozen RBC outcomes against defined performance, regulatory, and operational milestones. The intent is for the *in vitro* findings to determine regulatory pathways and scaled deployment approaches that extend nationally and beyond this collaboration."

(Source: Vitrafy Life Sciences, Inc. News Release, 6/2/26)

Buoy Software, LLC recently received 510(k) clearance from the U.S. Food and Drug Administration (FDA) for the company's Blood Product Questionnaire version 2.0.0. This module supports, "single and/or multi-site blood establishment collection facilities' creation of a donor history questionnaire, the collection of donor history, the determination of visit requirements, the determination of donor eligibility, and unit suitability as determined through system logic or via analysis by trained facility staff members."

(Source: FDA Letter, 6/8/26)

BD (Becton, Dickinson and Company) has announced a voluntary recall of lot 4032183 of ChloraPrep™ Clear 1 mL Single Sterile and lot 4073005 of FREPP™ Clear 1.5 mL applicators with paper lidding to the consumer level. A company communication indicated that the recall is due to, "fungal contamination under certain environmental conditions allowing the growth of *Aspergillus penicillioides*. These two impacted lots were shipped to distributors and hospitals between March 2024 through June 2024. In addition, BD is recalling other lots out of an abundance of caution as outlined in the customer letter. BD is notifying its customers and distributors who received this product directly. Customers and distributors should immediately discontinue use of and destroy all affected units in accordance with their facility's process. BD will issue replacements for destroyed product of the affected lot numbers to customers that purchased the affected product directly from BD, following receipt of the completed Customer Response Form. Customer inquiries related to this recall, as well as adverse reaction/events experienced with the product, should be addressed to BD's North American Regional Complaint Center: 1-844-823-5433 or by emailing: product-complaints@bd.com."

(Source: BD Announcement, 6/6/26)



Velico Medical, Inc. has announced that The Armed Forces Blood Transfusion Centre (CTSA) in Paris has reached a, "significant milestone by receiving Velico's first veliPod™, containeri[z]ed spray dried plasma manufacturing system." A company news release explained that the, "veliPod™ is a modular, containeri[z]ed production facility housing Velico's FrontlineODP™ spray dried plasma manufacturing system, enabling on-site production of spray dried plasma. This breakthrough allows the French Military to establish a sovereign, large scale production of spray dried plasma, independent of traditional centrali[z]ed manufacturing and cold chain constraints. Built on a standard shipping container platform, the veliPod™ is engineered for rapid deployment into existing infrastructure, including military bases and blood cent[ers]. The system supports scalable production while being adaptable to regional requirements and operational environments."

(Source: Velico Medical, Inc. News Release, 6/3/26)

CALENDAR

Note to subscribers: *Submissions for a free listing in this calendar (published weekly) are welcome. Send information to newsletter@americasblood.org. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2026

June 16. **ABC Webinar: Artificial Intelligence (AI) for Blood Centers (Virtual).** Please contact us for more information and a link to registration.

June 19. **Alliance for Regenerative Medicine (ARM) Workshop: "From Platform to Patient: Defining Market readiness for Genetic Medicines. Paris, France.** Registration is open. More information is available here.

June 20-24. **International Society of Blood Transfusion (ISBT) 39th International Congress. Kuala Lumpur, Malaysia.** Registration is open. More information available here.

June 25-26. **National Heart, Lung, and Blood Institute (NHLBI) and the Sickle Cell Disease Association of America, Inc. (SCDAA) "Research That Heals: Partnering with Patients to Transform SCD Care." Rockville, Md. (Hybrid).** More information is coming soon.

Sept. 16-17. **ADRP: The Association for Blood Donor Professionals Master Class (Virtual).** Registration is open. More information is available here.

Oct. 4-7. **Association for Advancing Tissue and Biologics (AATB) Annual Meeting. San Francisco, Calf.** More information available here.

Oct. 5-7. **ARM Cell & Gene Meeting on the Mesa. Phoenix, Ariz.** More information is available here.

Oct. 14-15. **Biomedical Excellence for Safer Transfusion (BEST) Collaborative Member Meeting. Atlanta, Ga.** More information is available here.

Oct. 17-19. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting. Atlanta, Ga.** More information is coming soon.

Nov. 5-6. **2026 ABC Women's Executive Leadership Community *Rise* & Lead Workshop. San Antonio, Texas.** More information is coming soon.

Nov. 17-20. **American Society for Clinical Pathology (ASCP) and Canadian Association of Pathologists- Association Canadienne des Pathologistes (CAP-ACP) Joint Annual Meeting. Montreal, QC.** Registration is open. More information available here.

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Sign up for ABC's &ADRP's *Pulse of Leadership*



CALENDAR (continued from page 11)

2027

March 8-11. **2027 ABC Annual Meeting. Atlanta, Ga.** More information is coming soon.

May 11-13. **2027 ADRP: The Association for Blood Donor Professionals Annual Conference Columbus, Ohio.** More information is coming soon.

CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC members. There are charges for non-members: $139 per placement for *ABC Newsletter* subscribers and $279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, e-mail: newsletter@americasblood.org

POSITIONS

Transfusion Lab Manager Needed! Join Florida's leading blood center, **OneBlood**, as a Blood Bank Lab Manager in Bay Pines, FL. Bring your leadership, technical expertise, and management experience to support the transfusion testing procedures on patient and/or donor samples. Qualified candidates should possess five (5) or more years' experience in a related field. A valid and current Florida Clinical Laboratory Supervisor license in Immunohematology required; SBB certification preferred. To apply and view a complete Job Description of this Lab Manager position, visit www.oneblood.org/careers. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Regional Director (Tallahassee, FL). OneBlood is seeking an experienced Regional Director to oversee donor blood collection operations and lead regional teams in support of its lifesaving mission in the Panhandle. This leadership role is responsible for driving operational excellence, ensuring compliance with regulatory and accreditation standards, and achieving donor recruitment and collection goals across the region. Candidates should possess strong leadership, analytical, communication, and team management skills, along with the ability to build collaborative relationships and improve operational performance. A bachelor's degree and significant management experience in healthcare, blood banking, or a related field are preferred. Travel within the region may be required. This position is based in Tallahassee, Florida, and offers the opportunity to join a mission-based organization dedicated to maintaining a safe and reliable blood supply for local communities. Competitive compensation and a comprehensive benefits package offered. Apply at **OneBlood Careers**.

Executive Director (Spokane, WA). Vitalant is seeking an exceptional, mission-driven leader to serve as the Executive Director for our Spokane region. This influential role oversees daily operations, community engagement, mobile and fixed-site collections performance, and ensures alignment with organizational strategy and standards. The Executive Director partners closely with regional and enterprise leadership to drive collection success, strengthen customer and donor relationships, and foster a culture grounded in accountability, learning, and collaboration. We're Looking for a Leader Who Can: Translate strategy into effective local execution. Inspire and develop high-performing teams. Build strong partnerships across community and stakeholder groups. Drive operational excellence, adaptability, and innovation. This role offers a competitive compensation and total rewards package, including a performance-based bonus plan that recognizes the significance and impact of this position. Interested applicants can apply at //www.vitalant.org/careers.

Clinical Systems Analyst – Blood Center Services (BECS). Stanford Blood Center (SBC) in Palo Alto, CA, is seeking a specialized Clinical Systems Analyst to join our Blood Operations team. In this role, you will support blood collections, manufacturing, testing, and distribution by delivering technical solutions through BECS, LIS, and other core blood center applications. Key responsibilities include optimizing system configurations, writing test cases, executing validations, performing root cause analysis, and ensuring the ongoing maintenance of all SBC blood systems. Key Responsibilities: System Oversight: Administer and support blood operations applications. Compliance & Validation: Manage system updates, configurations, validation, and implementation. Workflow Integration: Collaborate with lab operations to optimize system interfaces and blood manufacturing/testing workflows. Technical Support: Implement and troubleshoot system functions for zero downtime operations. Minimum Qualifications: Experience: Minimum 3 years of systems analyst work experience in blood operations, BECS administration, and support. Domain Expertise: Minimum 3 years of experience with Blood Establishment Computer Systems (BECS), Laboratory

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POSITIONS (continued from page 12)

Information Systems (LIS), or Data Innovations (DI) Instrument Manager. Education: Bachelor's degree in a related field or equivalent professional experience. About Stanford Blood Center - SBC is a world-class organization dedicated to connecting local donors to patients in need. We provide hope for healing through innovative research and clinical excellence. Join us in a role where your technical expertise directly impacts life-saving medical care. Visit us at www.stanfordbloodcenter.org. Apply here! For inquiries, contact: Miriam Garrido, mobile: 650-272-8412 SBC Talent Acquisition Consultant.

Medical Laboratory Scientist. LifeSouth Community Blood Centers is looking for experienced Medical Laboratory Scientists, with a passion for making a difference. Current openings: Gainesville, Florida (Multiple shifts available; rotating weekends and holidays), Jacksonville, FL (Overnight), and Atlanta, Georgia (Morning shift; rotating weekends and holidays). **Legal authorization to work in the United States is required. We do not provide visa sponsorship for these positions.** Shift differential applies to eligible evening and overnight hours; sign-on and/or relocation bonuses may also be offered to qualified candidates. Our Medical Laboratory Scientists work in a full-service, accredited immunohematology laboratory following established policies and procedures to resolve complex immunohematology and compatibility problems to provide the safest donor blood for patients in our community. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and apply today!

Laboratory Supervisor (Evenings). LifeSouth Community Blood Centers is looking for an experienced Laboratory Supervisor with a passion for making a difference to lead our evening shift Immunohematology Reference Laboratory team, in **Gainesville, FL**. Shift differential applies to eligible evening and overnight hours; sign-on and relocation bonuses may also be offered to qualified candidates. In this role, you'll oversee daily operations, ensure adherence to established policies and procedures, and support staff in resolving complex testing and compatibility challenges. You'll play a critical part in identifying and addressing issues that may impact test performance or result reporting, while mentoring and guiding team members to uphold the highest standards of quality and safety. Your leadership will help ensure the delivery of the safest donor blood for patients in our community. We are committed to excellence in customer service and patient care. Join us in our mission to make sure blood is available when it's needed most. Visit our careers page to learn more about this position and apply today!

Purchasing Manager. LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference. The **Purchasing Manager** at our headquarters location in **Gainesville, FL** is responsible for vendor selection, negotiation, establishment and maintenance of all purchased materials, supplies, equipment, and services used by the company. The Purchasing Manager is organized and decisive and can motivate the team to reach daily and long-range goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and apply here!

Program Manager, Blood Donor Engagement. The University of Texas MD Anderson Cancer Center's Program Manager, Blood Donor Engagement leads relationship-driven marketing and communications efforts to advance the institution's blood donor recruitment and engagement goals. This role leads a cross-functional Blood Bank Marketing and Communications team representing eight departments to ensure timely, coordinated implementation of outreach tactics. Serving as the Institutional Affairs liaison for Blood Bank leadership, the Program Manager provides a single point of contact to address communications needs, manage issues and risks, and elevate matters as appropriate. The position develops and drives a comprehensive blood donor engagement strategy, oversees marketing and communications planning, and provides strategic recommendations to support recruitment goals. The Program Manager strengthens partnerships across departments conducting outreach activities, ensures consistent use of MD Anderson's brand voice and English and Spanish editorial standards, and manages coordinated institutional communications during critical blood shortages. This role directly supports lifesaving patient care. **Education:** Bachelor's degree in communications, marketing, public health, business, or related field. **Experience:** Experience in program or project management with emphasis on marketing and communications; healthcare or blood banking experience preferred. Click here to apply.

Director Business Development. OneBlood is seeking an experienced **Director, Business Development** to lead strategic growth initiatives and build strong partnerships that support organizational objectives within a dynamic healthcare environment. This leadership role will drive business expansion, identify new opportunities, manage key relationships, and collaborate cross-functionally to support long-term operational success. Candidates should possess proven experience in business development, strategic planning, relationship management, and team leadership, along with strong communication and analytical skills. Healthcare, nonprofit, or regulated industry experience preferred. Bachelor's degree required;

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POSITIONS (continued from page 13)

advanced degree a plus. This position is based in Orlando, Florida, and offers the opportunity to contribute to a mission-driven organization dedicated to saving lives across the communities it serves. Competitive compensation and comprehensive benefits package offered. Apply online through OneBlood Careers.

Chief Financial Officer. Blood Assurance is seeking a strategic, collaborative, and mission-focused **Chief Financial Officer (CFO)** to join our executive leadership team. The CFO serves as a key strategic partner to the CEO and Board of Directors, providing leadership and oversight of the organization's financial strategy, fiscal sustainability, and operational performance. This executive leader will guide long-term financial planning, ensure strong internal controls and compliance, and support strategic growth initiatives across the organization. The CFO will oversee Finance and Information Technology functions and play a critical role in aligning financial operations with Blood Assurance's life-saving mission. **Key Responsibilities:** Develop and execute long-term financial strategies aligned with organizational objectives. Lead capital planning, forecasting, and investment strategy. Identify and assess financial risks and opportunities. Oversee accounting, payroll, budgeting, forecasting, financial reporting, audit, and tax compliance. Ensure strong internal controls and regulatory compliance. Lead annual budgeting process and present financial updates to executive leadership and Board. Oversee financial systems, data integrity, and reporting tools. Oversee the Information Technology department. Support projects and initiatives for the Information Technology department. **Required Qualifications:** Bachelor's degree in Accounting or Finance with CPA license. 10–15+ years of progressive experience in finance and accounting. Minimum 5 years in senior executive or leadership role with direct supervisory responsibility. Experience working closely with a Board of Directors. Demonstrated experience in strategic financial planning and organizational leadership. Qualified candidates are encouraged to email a cover letter and resume to Marly Stone at marlystone@bloodassurance.org.